

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date 05/23/19		Bureau/Station/Facility Compton Station		Admin. Invest? <input type="checkbox"/> Hit? <input type="checkbox"/>	
Incident Information					
URN: 918-11704-2826-151		Date: 08/17/18		Time: 2318 hours	
City or Station: Compton		Nature of Incident: Deputy [REDACTED] fired two rounds toward Suspect Shepherd, who reached for a firearm on his person. Deputy [REDACTED] rounds did not strike Suspect Shepherd.			
Location: [REDACTED] N. Thorson Avenue, Compton 90220					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other: front yard		Lighting (check only one): <input type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input checked="" type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 20 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Stuntie <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input checked="" type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit		Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol		Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input checked="" type="checkbox"/>	
Total # of Shots Fired by Deputy 2		Total # of Shots Fired by Suspect 0			
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one)	ShiftType (check only one)
[REDACTED]	Ruiz-Aguilar	Daniel	-	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one)	ShiftType (check only one)
[REDACTED]	Cain	Paulette	-	<input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one)	ShiftType (check only one)
[REDACTED]				<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
[REDACTED]		[REDACTED]		-	
Street Address		City	Zip Code	Work Ph	Home Ph
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Last Name		First Name		M.I.	
[REDACTED]		[REDACTED]		-	
Street Address		City	Zip Code	Work Ph	Home Ph
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Last Name		First Name		M.I.	
[REDACTED]		[REDACTED]		-	
Street Address		City	Zip Code	Work Ph	Home Ph
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more)	
[REDACTED]	Cain	Paulette	M.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more)	
[REDACTED]				<input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name		M.I.	
[REDACTED]	Rewald	James		T.	
Watch Commander					
Employee #	Last Name	First Name		M.I.	
[REDACTED]	Wargo	John		A.	

PSTD Use Only

SH # **2462080**

Rollout Information							
Arrival Date	08/18/18	Arrival Time	0030 hours	Date Submitted	08/20/18	Date of Recommendation	
Employee #		Last Name	Carter	First Name	Quilman	M.I.	V.
Employee #		Last Name	Johnson	First Name	Steven	M.I.	M.
Employee #		Last Name	Mah	First Name	Calvin	M.I.	-
Shooting / Force Information							

Method				Type of Injury		Body Part Injured	
(AW)	Arwen	(OV)	Other Weapon: Vehicle	(AB)	Abrasion	(AD)	Abdomen
(BC)	Baton: (Control)	(OB)	Other Weapon: Blunt Object	(BR)	Bruise	(AK)	Ankle
(BI)	Baton: (Impact)	(OO)	Other Weapon: Other	(BU)	Burn	(AR)	Arm
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)	(CP)	Complaint of Pain	(BK)	Back
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(CO)	Concussion	(BT)	Buttocks
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)	(DH)	Death	(CH)	Chest
(CH)	Choke Hold	(PP)	Personal Weapon (Push)	(DI)	Dislocation	(EL)	Elbow
(CT)	Control Holds (Control Techniques)	(PO)	Personal Weapon (Other)	(DB)	Dog Bite	(FA)	Face
(TT)	Control Holds (Team Takedown)	(RS)	Resistance	(FR)	Fractures	(FE)	Feet
(TD)	Control Holds (Takedown)	(CN)	Restraint Device (Capture Net)	(GS)	Gunshot	(FI)	Fingers
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)	(HB)	Human Bite	(GE)	Genitals
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device Hobble (Legs Only)	(LC)	Lacerations	(GR)	Groin
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device Hobble (TARP)	(ND)	Nerve Damage	(HD)	Hand
(EX)	Explosives	(RE)	Restraint Device: REACT Belt	(OD)	Organ Damage	(HE)	Head
(FH)	Firearm (Handgun)	(SP)	Sap	(PA)	Paralysis	(HI)	Hip
(FR)	Firearm (Rifle)	(SH)	Shield	(PW)	Puncture Wound	(IN)	Internal
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger	(SD)	Soft Tissue Damage	(KN)	Knees
(FO)	Firearm (Other)	(SB)	Sting Ball	(ST)	Sprain/Twists	(LE)	Leg
(FB)	Flashbang	(ST)	Stun Bag	(UN)	Unconscious	(NK)	Neck
(FL)	Flashlight	(TR)	Taser			(SH)	Shoulder
(OE)	Other Weapon: Edged	(UC)	Uncooperative			(WR)	Wrist
Brand							
(AK)	AK-47	(IV)	Iver Johnson	(RO)	Rossi		
(BN)	Benelli	(JE)	Jennings	(SW)	Smith & Wesson		
(BR)	Beretta	(LO)	Lordin	(SR)	Sturm Ruger		
(BW)	Browning	(LU)	Luger	(SS)	SIG Sauer		
(CH)	Charter Arms	(MA)	Marlin	(ST)	Sterling		
(CO)	Colt	(MO)	Mossberg	(TA)	Taurus		
(DA)	Davis Industries	(NC)	NCI aka SKS	(WE)	Weatherby		
(GL)	Gaucha Industries	(NA)	North American	(WN)	Winchester		
(GK)	Gaucha Industries	(NO)	Norinco	(US)	US Government		
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)		
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)		
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand		
(IT)	Ithaca	(RI)	RGi				
				Caliber			
				(9)	9 mm	(24)	243 caliber
				(10)	10 mm	(25)	25 caliber
				(12)	12 gauge	(30)	308 caliber
				(20)	20 gauge	(35)	357 caliber
				(21)	22-250	(36)	30-60 caliber
				(22)	22 caliber	(38)	38 caliber
				(23)	223 caliber	(40)	.40 caliber
				(41)	410 gauge	(44)	44 caliber
				(45)	45 caliber	(50)	50 mm
				(SL)	Slug	(VVV)	Other caliber

FORCE APPLIED (one code per block)[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee									
E 1	Employee #	Last Name	First Name		M.I.				
Sex	Race	Rank	Unit Assignment	Work Assignment (Unit #, Module, etc.)					
ShiftTime (circle only one) EM PM Day		ShiftType (circle only one) Regular Overtime Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used			
Hospital Admission? <input type="checkbox"/>		Hospital Name		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
Hrs of sleep prior to shooting: 7		Duty Time (hrs)		Clothing (circle only one) <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors			
Age		Height		Weight					
Range Qualification Date		PPC Qualification Date		Laser Training Date					
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings	
Weapons Fired Brand		Caliber		# Shots		Weapons Fired Brand		Caliber # Shots	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
E	Employee #	Last Name	First Name		M.I.				
Sex	Race	Rank	Unit Assignment	Work Assignment (Unit #, Module, etc.)					
ShiftTime (circle only one) <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used			
Hospital Admission? <input type="checkbox"/>		Hospital Name		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting		Duty Time (hrs)		Clothing (circle only one) <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors			
Age		Height		Weight					
Range Qualification Date		PPC Qualification Date		Laser Training Date					
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings	
Weapons Fired Brand		Caliber		# Shots		Weapons Fired Brand		Caliber # Shots	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			
E	Employee #	Last Name	First Name		M.I.				
Sex	Race	Rank	Unit Assignment	Work Assignment (Unit #, Module, etc.)					
ShiftTime (circle only one) <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used			
Hospital Admission? <input type="checkbox"/>		Hospital Name		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
Hrs of sleep prior to shooting		Duty Time (hrs)		Clothing (circle only one) <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors			
Age		Height		Weight					
Range Qualification Date		PPC Qualification Date		Laser Training Date					
Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings	
Weapons Fired Brand		Caliber		# Shots		Weapons Fired Brand		Caliber # Shots	
Field Training Officer Emp #		Last Name		First Name		M.I.			
Field Training Officer Emp #		Last Name		First Name		M.I.			

Officer Involved Shooting Suspect Information

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Suspect Information																		
S 1	Last Name			Shepherd			First Name			Jahshay			M.I.			K.		
	AKA Last Name			N/A			First Name						M.I.					
	Sex: M		Race: Black		Street Address			City			State & Zip Code							
	Work Phone:			Home Phone:			Social Security #			Driver's License #								
	Age: 28			D.O.B: 03/30/90			Height: 5'7"			Weight: 140lb			FBI #			Cit #		
	Booking #			5397975			Primary Charge			417 (c) PC			Secondary Charge					
	Coroner Case?			<input type="checkbox"/>			Coroner Case #						Intoxication/Drug Usage?			<input type="checkbox"/>		
	Armed?			<input checked="" type="checkbox"/>			Apprehended?			<input checked="" type="checkbox"/>			Mental Illness?			<input type="checkbox"/>		
	Vehicle Make						Model:						Year:					
S 2	Last Name			Douglas			First Name			Trayvon			M.I.			L		
	AKA Last Name			N/A			First Name						M.I.					
	Sex: M		Race: Black		Street Address			City			State & Zip Code							
	Work Phone:			Home Phone:			Social Security #			Driver's License #								
	Age: 22			D.O.B: 11/17/95			Height: 5'11"			Weight: 160			FBI #			Cit #		
	Booking #			5397982			Primary Charge			2800.2 CVC			Secondary Charge					
	Coroner Case?			<input type="checkbox"/>			Coroner Case #						Intoxication/Drug Usage?			<input type="checkbox"/>		
	Armed?			<input type="checkbox"/>			Apprehended?			<input checked="" type="checkbox"/>			Mental Illness?			<input type="checkbox"/>		
	Vehicle Make			Jeep			Model:			Cherokee			Year:			2000		
S	Last Name						First Name						M.I.					
	AKA Last Name						First Name						M.I.					
	Sex:		Race:		Street Address			City			State & Zip Code							
	Work Phone:			Home Phone:			Social Security #			Driver's License #								
	Age:			D.O.B:			Height:			Weight:			FBI #			Cit #		
	Booking #						Primary Charge						Secondary Charge					
	Coroner Case?			<input type="checkbox"/>			Coroner Case #						Intoxication/Drug Usage?			<input type="checkbox"/>		
	Armed?			<input type="checkbox"/>			Apprehended?			<input type="checkbox"/>			Mental Illness?			<input type="checkbox"/>		
	Vehicle Make						Model:						Year:					
S	Last Name						First Name						M.I.					
	AKA Last Name						First Name						M.I.					
	Sex:		Race:		Street Address			City			State & Zip Code							
	Work Phone:			Home Phone:			Social Security #			Driver's License #								
	Age:			D.O.B:			Height:			Weight:			FBI #			Cit #		
	Booking #						Primary Charge						Secondary Charge					
	Coroner Case?			<input type="checkbox"/>			Coroner Case #						Intoxication/Drug Usage?			<input type="checkbox"/>		
	Armed?			<input type="checkbox"/>			Apprehended?			<input type="checkbox"/>			Mental Illness?			<input type="checkbox"/>		
	Vehicle Make						Model:						Year:					